



The use of aromatherapy in Basic Health Units in the city of São Paulo

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SUMMARY

Integrative and Complementary Health Practices (PICS) were incorporated into the Unified Health System (SUS) in 2006 by the National Policy for Integrative and Complementary Practices (PNPIC), making Brazil a global reference. The growth of these practices in the SUS was boosted after 2002, with standards that regulated and expanded access to PICS, ensuring their effectiveness and safety through scientific studies. In 2017 and 2018, new practices were added to the SUS table, totaling 29 modalities, with a focus on Primary Health Care. Among them, aromatherapy stands out, in which essential oils are used. Each UBS has a group of PICS that is offered to the public, in addition to these practices also being offered in specialized centers. This study aimed to identify which UBS in the city of São Paulo offer aromatherapy and to analyze the frequency of use of these practices in these units. The research carried out had an exploratory-descriptive approach, of a qualitative and quantitative nature, with a bibliographic and documentary survey on the use of aromatherapy in the Basic Health Units (UBS) of the city of São Paulo. The search terms included keywords such as “aromatherapy in the SUS”, “PICS”, “UBS”, “essential oils”, among others, and Boolean operators were used to obtain more precise results, excluding duplicate articles or those that did not address the proposed theme. It was concluded that, among the 108 locations that offer aromatherapy, 86 are UBS and more than 28 thousand services were carried out in the years 2023 and 2024. As for PICS, currently 469 units in the city of São Paulo offer the practices.

Keywords: “aromatherapy in the SUS”, “basic health units”, “integrative and complementary therapies”, “essential oils”, “TCM”.

ABSTRACT

Integrative and Complementary Health Practices (PICS) were incorporated into the Unified Health System (SUS) in 2006 by the National Policy of Integrative and Complementary Practices (PNPIC), making Brazil a world reference. The growth of these practices in the SUS was boosted after 2002, with rules that regulated and expanded access to PICS, ensuring their effectiveness and safety through scientific studies. In 2017 and 2018, new practices were added to the SUS table, totaling 29 modalities, focusing on Primary Health Care. Among them, aromatherapy stands out, in which

essential oils are used. Each UBS has a group of PICS that is offered to the public, in addition to these practices being also offered in specialized centers. This study aimed to identify which UBS in the city of São Paulo offer aromatherapy and analyze the frequency of use of these practices in these units. The research had an exploratory-descriptive approach, of a qualitative-quantitative nature, with a bibliographic and documentary survey on the use of aromatherapy in the Basic Health Units (UBS) of the city of São Paulo. The search terms included keywords such as "aromatherapy in SUS", "PICS", "UBS", "essential oils", among others, and Boolean operators were used to obtain more accurate results, excluding duplicate articles or that did not address the proposed theme. It was concluded that, among the 108 places that offer aromatherapy, 86 are UBS and more than 28,000 visits were carried out in 2023 and 2024. As for PICS, currently 469 units in the city of São Paulo offer the practices.

Keywords: "aromatherapy in the sus", "basic health units", "integrative and complementary therapies", "essential oils", "TCM".

1. INTRODUCTION

Integrative and Complementary Health Practices (PICS) are therapeutic approaches offered, in an integrated manner with conventional medicine, by the Unified Health System (SUS) (COUTINHO, FLÓRIO and SOUZA, 2025). With an interdisciplinary approach, these practices have aiming to promote health and prevent chronic diseases, focusing on changes in lifestyle and self-care (BORGES and DONATO, 2023 apud NUNES et. al, 2021).

According to Brazil (2018), the World Health Organization (WHO) also recognizes the Integrative and Complementary Health Practices (PICS) are institutionalized in the Unified Health System (SUS) through the National Policy for Integrative and Complementary Practices (PNPIC), approved by Ordinance GM/MS No. 971, on May 3, 2006.

The PNPIC placed Brazil at the forefront of integrative practices in universal health systems. health. Brazilian experiences are cited in WHO reports. And since 1970 this organization encourages member countries to implement policies in the area of traditional medicines and complementary (MTC) (BRAZIL, 2018). Its growth and visibility occurred, mainly, after 2002, through the preparation of a normative document for their countries members.

According to Brazil (2023), with Ordinance No. 849/2017, 14 more practices were included complementary. In 2018, through Ordinance No. 702/2018, 10 more practices were included integrative, including aromatherapy, totaling 29 PICS. Aromatherapy consists of a practice using essential oils, which aim to improve or promote the health condition and well-being of people (Brazil, 2018).

In the National Policy for Integrative and Complementary Practices (PNPIC), PICS are inserted especially in Primary Health Care (PHC) according to WHO guidelines, which center the individual on practices in their own social, family and community context, thus providing an alternative health treatment that values non-biomedical practices, highlighting the considerable advances in the implementation of the SUS (BRASIL, 2009). This study aimed to identify the Basic Health Units that provide the aromatherapy as an Integrative and Complementary Health Practice (PICS) and analyze the frequency of use of these practices in these units.

2 THEORETICAL FRAMEWORK

2.1 Integrative and complementary practices in health

The National Policy for Integrative and Complementary Practices in the SUS (PNPIC) began based on compliance with the guidelines and recommendations of various national health conferences and recommendations of the World Health Organization (WHO) (BRAZIL, 2015).

The PNPIC is recognized internationally, by the WHO and by several countries, as a reference experience in the implementation of traditional and complementary medicines in a national health system, this being one of the main reasons why these practices are incorporated in an integrated manner into health care in the SUS, and not inserted as a structure alternative to the system, as in some countries (BRAZIL, 2018).

The PNPIC responds to the population's wishes, expressed in recommendations and various National Health Conferences, since 1986, and, equally, it fulfills the primary objectives of the WHO and the World Conferences focused on traditional and complementary medicine, which are: a) promote the integration of these practices into official health systems; b) develop legislation/standardization for the provision of quality services and products; c) provide the development of knowledge in the area; d) qualify professionals involved in practices complementary (BRAZIL, 2018).

Assuming that no public policy is neutral, the elaboration and implementation of the PNPIC, is the result of the correlation of forces of various agents, with interests even more diverse, involving justifications of a political, technical, economic, social and



cultural promising the "opening of possibilities of access to services previously restricted to the practice of private nature" (MARQUES, 2020).

Since the implementation of the National Policy in 2006, several States and municipalities have including and standardizing the provision of nationally defined PICS and other integrative practices, based on state and municipal regulations (BRAZIL, 2018).

According to Brazil (2015):

"By acting in the fields of disease prevention and the promotion, maintenance and recovery of health based on a model of humanized care focused on the individual's integrity, the PNPIC contributes to strengthening the fundamental principles of the SUS. In this sense, the development of this policy must be understood as another step in the process of implementing the SUS."

2.1.1 Aromatherapy

Aromatherapy is the use of therapeutic oils extracted from natural plants in order to stimulate good health, balance and well-being (WALTERS, 2005). According to Castro (2021), aromatherapy is given through aromas coming from aromatic plants, which have been used for thousands of years by ancient peoples.

Aromatherapy gained *the status* of science in 1910, with the work carried out by the perfumer and chemical engineer René Maurice Gattefossé (1881-1950), considered the father of aromatherapy. He researched the therapeutic properties of essential oils. When treating a burn, acquired in a work accident in the family perfumery laboratory, he ended up experiencing the action antiseptic of lavender essential oil. Later, in 1918, he created the antiseptic "Le salval", used in a hospital environment with exceptional efficiency during the Spanish flu (BIRTH and PRADE, 2020).

According to Wolffenbüttel (2021), in the past aromatherapy was seen as therapy through aroma due to the volatility characteristic of essential oils. This term was designated by René-Maurice Gattefossé himself, in the edition of his book, "Aromatherapy: essential oils hormones vegetables", in 1937. However, in contemporary times, other possible forms of realization are integrated as in topical, oral, ovule and suppository use.

From a global perspective, aromatherapy has established itself as a science both in England as in France. In France, it is recognized as a medical specialty, while in England is classified as Integrative and Complementary Practices (PIC) (GNATTA et. al, 2016).



It is a practice also used in the United States of America and Australia as complementary, and culturally, used in Eastern countries as part of Medicine Traditional (WALTERS, 1998 apud GNATTA et al., 2016).

According to Ordinance No. 702, of March 21, 2018:

“In Brazil, aromatherapy is recognized as an integrative and complementary practice with wide individual and/or collective use, and can be associated with other practices such as thalassotherapy and naturopathy, and considered a possibility of intervention that enhances the results of the adopted treatment. As a multidisciplinary practice, it has been adopted by several health professionals such as nurses, psychologists, physiotherapists, doctors, veterinarians, holistic therapists, naturists, among others. This approach is used in different sectors of the health area to assist, in a complementary manner, in the physical and/or emotional rebalancing of the individual.”

2.1.2 Essential oils

Essential oils are basically liquid substances. They have a distinct aroma that resembles the plant from which they were extracted. They are soluble in ethanol (alcohol), can be colorless, yellowish or dark brown in color. Some of them have up to 800 chemical components, only some of these are known (MALUF, 2008). They are extracted from trees, bushes, flowers and shrubs from all over the world and each oil has its own characteristics (WALTERS, 2005).

The aromatic components of all essential oils are known molecules and biochemically defined. It is these chemical elements that give essential oils their properties specific (BAUDOUX, 2018). Through the chemical composition of essential oils, it is possible to explain a lot about its behavior in the physical field, as it has antiviral, analgesic properties, bacteriostatic or bactericidal, stimulants, regenerators, among others, are provided by presence of certain natural chemical compounds present in varying amounts in various oils (MALUF, 2008).

“Volatility is a factor that allows us to comparatively distinguish essential oils from vegetable oils or fixed oils (composed of triglycerides of medium and long chain fatty acids), therefore not presenting the volatility of essential oils. monoterpenes are the most volatile; sesquiterpenes are less volatile than monoterpenes; diterpenes are practically non-volatile. In addition to the influence of the types of terpenes, the different properties of essential oils are given by the functional groups linked to them/proportion for synergies” (MALUF, 2008).

The National Health Surveillance Agency (ANVISA), through Resolution RDC No. 725, of July 1, 2022, establishes that essential oil is defined as:



“Natural volatile flavoring of plant origin obtained by distillation process using steam, distillation at reduced pressure or by another suitable physical process, which may be presented isolated or mixed with another essential oil, including rectified, terpeneless and concentrated” (ANVISA, 2022).

Almost all essential oils are made up of very complex chemical mixtures. complex. The chemical components of essential oils range from terpene hydrocarbons, simple and terpenic alcohols, aldehydes, ketones, phenols, esters, ethers, oxides, peroxides, furans, organic acids, lactones and coumarins, even sulfur compounds (SPITZER, 2007 apud SILVEIRA, 2012). Furthermore, in most essential oils, one chemical constituent will stand out in the composition of essential oils (major component), which can reach values above 70% p/p (weight of solute/weight of solution). On the other hand, the components present in concentrations more reduced such as parts per thousand, parts per million are called trace components (SANTOS, 2011).

The neuroprotective properties of essential oils are well documented, demonstrating its potential to modulate neurotransmitter receptors and ion channels. The Essential oils can exert anti-stress, anxiolytic and analgesic effects, making them useful in treatment of neurological disorders (SATTAYAKHOM et. al, 2023).

In the human body, essential oils interact with a number of receptor sites and pathways neurotransmitters – defined as chemical messengers that transport, stimulate and balance signals between neurons or nerve cells and are readily assimilated by the body. When applied to the skin, essential oils are absorbed and carried by the bloodstream throughout the body. organism. Essential oils enter the skin through the ducts of the sweat glands. The components of an essential oil are, for the most part, fat-soluble, which facilitates the penetration of the oil in the body. Through inhalation, aromatic signals reach various regions of the brain, including them the limbic system, responsible for olfactory memory and emotions” (MARTINS, 2022). The Essential oils penetrate the body in several different ways. They are absorbed through the skin, passing into the circulatory system. They can also be inhaled, passing into the bloodstream through lungs or by causing signals to be transmitted by the nervous system directly to the limbic system of the brain (WALTERS, 2005).

According to the Environmental Company of the State of São Paulo (CETESB) (2018), toxicology is the scientific field devoted to investigating the harmful effects that chemical substances can cause in living beings. The severity of the damage caused by toxic substances depends on a combination of factors such as the nature of the substance, its quantity and the time of exposure. In the case of aromatherapy, toxicity may be related to exposure to high concentrations of the essential oil by the person or by adulteration of essential oils during extraction and production of the same without quality control.

According to Castro (2021), at the beginning of this century, the aromatherapy market experienced a significant increase in consumption, which generated a growing demand for raw materials necessary for the production of essential oils. However, this increase in demand also resulted in a shortage of natural resources, which led to the emergence of fraudulent practices, as their adulteration. This adulteration made the use of these substances riskier, since that mixing with synthetic chemicals compromises the purity of the oils, increasing the cases of poisoning associated with the use of contaminated essential oils.

Although natural, essential oils contain active ingredients and contain them in a concentrated. For example, 4,000 kg of rose petals are needed to extract 1 kg of its essential oil: 150 kg of flowering lavender tops, 20 kg of star anise and 7 kg of buds of cloves to obtain the same quantity. This concentration of active ingredients must, therefore, be taken into account as a toxicity factor (CASTRO, 2021).

The handling of aromatic plants accompanied by their quality control for the purposes therapeutics begins with the correct identification of the species, appropriate harvesting, pre-treatment and correct storage and ends with the preparation of the plant material and therapeutic use. Any failure in any of these steps may compromise the quality of the herbal product and result in undesirable changes, for example, a wrong identification of the species may result in poisoning or in medications without therapeutic effect. Cases of intentional adulteration or are also not frequent, and it is extremely important to have safety regulations, strict effectiveness and quality (WHO, 2003; FERREIRA, 2014).

According to NAHA (2014), the most frequently undesirable reactions to essential oils occur through direct contact with the skin, thus causing sensitivity, irritation, phototoxicity and photosensitivity.

According to the São Paulo State Telehealth Center (2021), other adverse effects caused by EOs are exposure to oils that contain aldehydes and phenols, which can cause irritation



in the eyes, mucous membranes and skin. In addition, it is important to be aware of possible interactions between oils essential and conventional or herbal medicines. For example, eugenol and menthol, when used during pregnancy, they can enhance the anticoagulant action, increasing the risk of bleeding. It is also worth noting that people with a history of allergies or eczema may develop sensitivity to any essential oil. Given this, it is essential to consider precautions and contraindications in cases of pregnancy, lactation, epilepsy and asthma.

Table 1 - Contraindications of some commonly used essential oils.

Essential oil	Contraindication
ROSEMARY (<i>Rosmarinus officinalis</i>)	It is contraindicated for people with high blood pressure, thrombosis, insomnia and pregnant women (LIVEALOE)
BERGAMOUT (<i>Citrus aurantium bergamia</i>)	Bergamot oil can cause irritation to sensitive skin when used in high concentrations (WALTERS, 2005)
LAVENDER (<i>Lavandula Angustifolia</i>)	should not be used in the first trimester of pregnancy, as there are not enough studies to prove its safety at this stage. (COSTA, 2023)
SWEET ORANGE (<i>Citrus aurantium dulcis</i>)	Phototoxic. Do not apply to areas that will be exposed to sunlight for the next 24 hours. Some people have experienced dermatitis due to the limonene content (CORAZZA, 2015)

2.1.2.1 Legislation

Integrative and complementary practices gained greater visibility in Brazil after the creation of the National Policy for Integrative and Complementary Practices (PNPIC) in 2006 (RUELA, 2019). This policy was formalized by Ordinance GM/MS No. 971, of May 3, 2006, which established guidelines for the inclusion of these practices in the SUS.

According to Brasil (2006), at the end of the 1970s, the WHO launched the Medicine Program Traditional with the aim of developing policies for this area. Since then, through various communiqués and resolutions, the organization reaffirms its commitment to encouraging Member States Members to create and implement public policies that promote the rational and integrated use of Traditional and Complementary/Alternative Medicine (TM/CAM) in national health systems. In addition, WHO encourages scientific research to deepen knowledge on the safety, efficacy and quality of these practices. The legitimization and institutionalization of these



approaches to health care began in the 1980s, mainly after the creation of the Unified Health System. With decentralization and growth in popular participation, states and municipalities began to have more autonomy in defining health policies and actions, allowing the carrying out of pioneering experiments.

According to Ordinance GM/MS No. 971 of 2006, there were some events that deserve to be highlighted for contributing to the regulation and attempts to build the policy, namely:

Table 2 – Events highlighted by Ordinance GM/MS No. 971 of 2006

Year	Legislation
1985	Agreement ceremony between the National Institute of Social Security Medical Assistance (Inamps), the State University of Rio de Janeiro, Fiocruz, and the Hahnemannian Institute of Brazil, aiming at the integration of homeopathic care into the public health network.
1986	Holding of the 8th National Health Conference (CNS).
1988	Resolutions No. 4, 5, 6, 7 and 8/88 of the Interministerial Planning and Coordination Commission (Ciplan), which established standards and guidelines for providing care using alternative mental health techniques, homeopathy, phytotherapy, thermalism and acupuncture.
1995	Creation of the Technical-Scientific Advisory Group on Non-Conventional Medicines by Ordinance No. 2543/GM, of December 14, 1995, issued by the National Secretariat for Health Surveillance of the Ministry of Health.
1996	The 10th National Health Conference approved, in its final report, the inclusion of practices such as acupuncture, phytotherapy, and homeopathy in the SUS at a national level, also covering alternative therapies and popular practices.
1999	Adoption of medical consultations in homeopathy and acupuncture in the SAI/SUS procedure table, according to Ordinance No. 1230/GM, of October 1999.
2000	The 11th National Health Conference was held, which recommended the inclusion of non-conventional therapeutic practices, such as acupuncture and homeopathy, in primary care, covering the PSF Network and the PACS.
2001	Holding of the 1st National Health Surveillance Conference.
2003	Formation of a Working Group in the Ministry of Health to develop the National Policy for Natural Medicine and Complementary Practices (PMNPC or MNPC) in the SUS, currently known as PNPIC; Report of the 1st National Conference on Pharmaceutical Assistance, highlighting the need to expand access to phytotherapeutic and homeopathic medicines in the SUS; Final Report of the 12th National Health Conference, which determines the effective inclusion of MNPC in the SUS, currently called Integrative and Complementary Practices.
2004	Holding of the 2nd National Conference on Science, Technology and Innovations in Health, which included the MNPC, currently called Integrative and Complementary Practices, as a strategic research niche in the National Research Priorities Agenda.



2005 Presidential Decree of February 17, 2005, establishing the Working Group for the elaboration of the National Policy on Medicinal Plants and Phytotherapeutics; Final Report of the Seminar "Mineral Waters of Brazil", held in October, recommending the creation of a pilot project for Social Thermalism in the SUS.

Source: (BRAZIL, 2006).

Through Interministerial Ordinance No. 2,960, of December 9, 2008, the National Program of Medicinal Plants and Phytotherapeutics and jointly created the National Committee of Medicinal Plants and Phytotherapeutics. Having the general objective of guaranteeing the Brazilian population the safe access and rational use of medicinal plants and phytotherapeutics, promoting sustainable use biodiversity, the development of the production chain and national industry (BRASILb).

The following year, through Ordinance No. 84, of March 25, 2009, it was established which professionals would be authorized to act as acupuncturists, namely:

2010: through Ordinance No. 886, Farmácia Viva was established within the scope of the Unified System Health System (SUS), in which it was established to carry out all stages, from cultivation, collection, processing, storage of medicinal plants, handling and dispensing of magistral and officinal preparations of medicinal plants and phytotherapeutics, since it was perceived that need to expand the supply of herbal medicines and medicinal plants to meet demand and to local needs, respecting the legislation relevant to the needs of the SUS in the area.

2017: Through Ordinance No. 849, art therapy, ayurveda, biodance, dance were included circular, meditation, music therapy, naturopathy, osteopathy, chiropractic, reflexology, reiki, shantala, integrative community therapy and yoga to PNPIC.

2018: Amendment of Consolidation Ordinance No. 2/GM/MS, of September 28, 2017 through Ordinance No. 702, to expand the National Policy on Integrative and Complementary Practices (PNPIC), incorporating new therapies, including aromatherapy, social thermalism/crenotherapy, geotherapy, laying on of hands, apitherapy, flower therapy, bioenergetics, hypnotherapy, constellation family, anthroposophic medicine/anthroposophy applied to health, chromotherapy and ozone therapy.

2.1.2.1.1 Basic Health Units

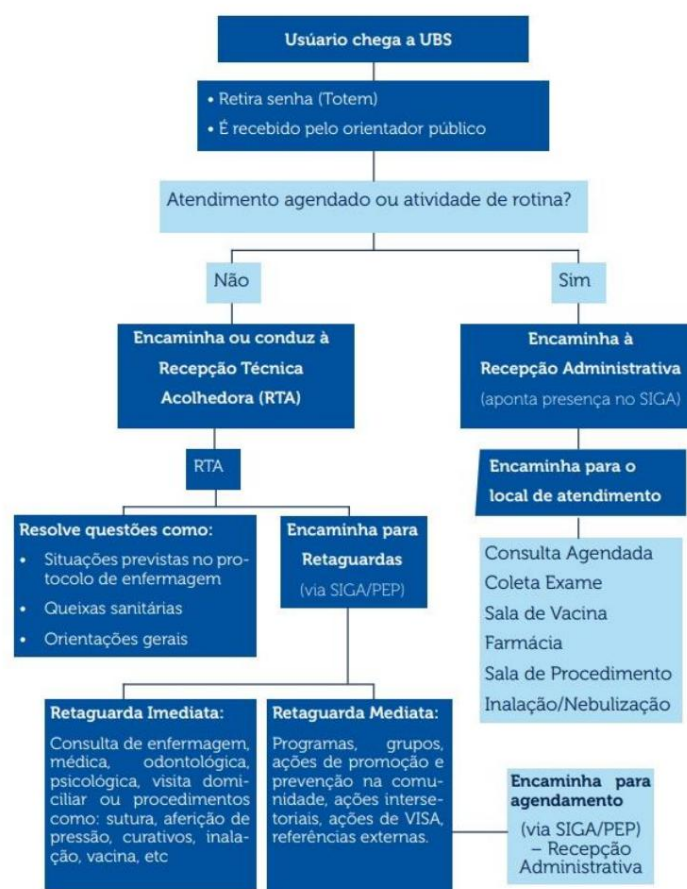
UBS are primary health care centers, where Family Health teams carry out various health promotion actions. They are specific to the main entry point

of the Unified Health System (SUS), meeting both individual and community health needs collective (BRAZIL, 2024).

UBS are essential components of the Unified Health System (SUS), regulated by laws and federal standards that define its structure and operation. Law No. 8,080, of 09/19/1990, establishes guidelines for the promotion, protection and recovery of health, in addition to organizing the related services (BRAZIL, 2024).

Basic Health Units (UBS) are the gateway to the Unified Health System (SUS) and offer services that encompass Primary Care, contributing to the increase in quality of life, health promotion and reduction of referrals to hospitals, in addition to consultations with doctors and nurses, family planning workshops, educational and physical activities, guidance on healthy eating and others (BRASIL, 2024).

Figure 1 – Basic diagram of user access to the UBS



Source: Sao Paulo (2015).



The capital of São Paulo has 471 Basic Health Units distributed according to the geographical and epidemiological characteristics of each territory and work with consultations scheduled and advanced access, offering full-time support for spontaneous demand for the population. The entire area of the municipality is covered by a reference UBS (BRASIL, 2024).

In 2019, through the Ordinance of the Municipal Health Department - SMS No. 204 of 27 February 2019, it was resolved to strengthen and support the dissemination of Integrative Practices and Complementary in the Health Care Network of the Municipal Program of Integrative Practices and Complementary Health Care — PMPICS-SP, throughout the Health Care Network in the Municipality of São Paulo.

According to the Academy of Therapies (2024), the qualification required to work with Practices Integrative and Complementary Therapy (PICS) in the SUS varies according to the therapy offered. For practices such as acupuncture and homeopathy, it is necessary for the professional to have a degree in health areas, such as medicine or physiotherapy. For other PICS, it is not mandatory to have higher education in the area of health, being sufficient to have a specific specialization or certification in integrative practice corresponding.

According to Richter and Júnior (2024), to work with PICS in São Paulo, it is necessary that the professional participates in the Multiprofessional Residency Program in PICS, carried out by Municipal Health Department of São Paulo (SMS-SP). This program is based on the training of doctrinal and organizational principles of the SUS, ensuring universal access and comprehensive care, with an emphasis on health promotion, without compromising services assistance. Among the professionals qualified to perform aromatherapy in UBS, according to Cofen (2020), through Ordinance MS No. 1,988 of December 20, 2018, the nurse is one of them. This professional is qualified to prescribe and use aromatherapy as a resource therapeutic.

3 MATERIAL AND METHOD

This was an exploratory-descriptive research, with bibliographical survey and documentary and qualitative-quantitative nature on aromatherapy and its use in Basic Units of Health of the city of São Paulo.

The database that was used to carry out the research will be books, scientific articles, manuals available online from SUS, Fiocruz, Scielo, PubMed and Lilacs collections.

One of the criteria for the search is that the books and articles must be published in the last 10 years, in Portuguese and English. The key words that will be used are: “aromatherapy in sus”, “pics”, “basic health units”, “integrative and complementary therapies”, “oils essentials”, “self-care”, “TCM”. Advanced search was used in the database, using the descriptors and boolean operators “AND” and “AND” to make the search more specific on the subject, in order to obtain a better result. Duplicate articles that do not address the topic were excluded. proposal. When deemed necessary, articles, legislation and other documents were used prior to 2004.

4 RESULTS AND DISCUSSION

According to Brazil (2025), Integrative and Complementary Practices (PICS) encompass several therapeutic approaches, integrating individual techniques and collective activities, with the aim of promote well-being and stimulate creative expression. In recent years, some of these practices had above-average growth in Primary Health Care (PHC), as is the case with aromatherapy, which recorded 106,077 consultations, representing an increase of 181% since 2022. In São Paulo, more than 15 thousand services were carried out in 2023, making it possible view through the table below.

Table 3: Procedures carried out at the Municipal Health Department of the Municipality of São Paulo Paulo between the years 2018 to 2023

Pics Procedures	2018	2019	2020	2021	2022	2023
Acupuncture	66,944	72,505	35,565	58,373	79,511	91,224
Anthroposophy applied to health	-	-	-	3	17	60
Cupping or moxa application	3,301	3,891	1,557	4,392	6,606	8,434
Aromatherapy	-	357	382	3,326	8,559	15,006
Art therapy	49	2,184	927	3,035	7,695	15,015
Auriculotherapy	47,759	116,593	68,628	97,016	238,551	374,712



Biodanza	-	2,367	1,275	81	318	1,623
Bioenergetics	-	1	28	90	891	98714
Family constellation	-	143	70	37	212	76
Chromotherapy	-	1,750	3,057	3,038	4,073	5,895
Circular dance	9,243	10,962	2,419	1,752	12,403	24,914
Electrostimulation	918	1,364	1,097	2,914	10,358	21,031
Geotrapy		181	38	102	298	920
Homeopathy	19,185	18,351	9,178	9,180	13,261	15,395
Massage_Self-massage	530	464	333	806	5,085	8,906
Massage therapy	1,362	1,264	818	1,197	5,610	6,345
Meditation	929	4,261	3,154	3,774	21,547	42,095
Music Therapy		405	59	36	755	2,267
Body Practices-Med Traditional Chinese	18,994	26,478	9,031	9,031	39,065	65,931
Reiki-Laying on of Hands	934	2,822	6,438	7,114	13,828	18,518
Integrative Community Therapy	181	618	217	298	3,385	15,790
Flower therapy	-	-	68	102	307	158
Anthroposophical treatment	-	-	-	-	90	102
Ayurvedic Treatment	-	27	1	10	27	11
Traditional Medicine Treatment Chinese	-	83	387	157	480	1,123
Neuropathic treatment	435	476	244	180	420	587
Osteopathic Treatment	-	-	-	300	1,344	352
Chiropractic Treatment	1	150	141	16	239	411

Yoga	1,872	1,558	560	726	1,933	2,810
Total	172,637	269,256	145,672	207,121	476,868	740,698

Source: Municipal Health Department of São Paulo (2024).

Based on the data presented in the table, a significant increase in the practice is observed aromatherapy in the city of São Paulo, especially between 2021 and 2023.

According to Brasil (2025), 13,359 more individual consultations were recorded in São Paulo in the year 2024, which shows that the therapy continues to be widely used.

Figure 2 – Graph showing the increase in aromatherapy services from 2018 to 2024



Prepared by the authors.

As seen in the graph above, it is possible to identify that during 2019 and 2020 the number of aromatherapy services were not very expressive, possibly because the therapy was included in the SUS recently, in addition to the influence of the Covid-19 pandemic during this period. As of 2021 the scenario presents a great expansion in relation to the growing number of services. In 2023 saw a huge increase in aromatherapy appointments. In 2024, the number dropped reduction, however, it is worth noting that this year's data refers only to individual care, which prevents an accurate analysis of the total number of sessions performed.

According to Machado (2021), aromatherapy can be associated with other PICS, such as meditation, acupuncture, yoga, reiki flower therapy, chromotherapy, massage, among others. This may explain the the fact that in 2024, only individual services were disclosed, because, as it is associated with other PICS, it becomes more difficult to control and collect complete data.

According to Brasil (2024), in 2017, 453 basic health units were chosen to offer PICS, but only 320 actually managed to carry out such practices. From 2018 to 2023 there was a increase in UBS from 453 to 469 and all of them started to provide PICS.

With regard exclusively to aromatherapy, in table 4 you can see the units that offer the activity.

Table 4: Units offering aromatherapy in the city of São Paulo

South	Southeast	Center	East	West	North
Ama/UBS Vila Prel - Antonio B. De Oliveira	Nanny/UBS Saint Vincent From Paula	Ursi CRPICS Center	Tiradentes City	UBS Jose Marcílio M. Cardoso	Hospital M. Cachoeirinha- Mario De M. A. Silva
Chronic Pain Reference Center Maria Helena Park	UBS Water Funda	Caps Ad III Center	Railway UBS	UBS Sao Rowing	UBS Jd. Peri
UBS Alto Do Umuarama	UBS Almirante Delatide	UBS Humaita	Nanny/UBS Humberto Ceruti	Bear Buntan	Nanny/UBS Jardim Ladeira Rosa
UBS Campo Clean	UBS Jd. Seckler		Nanny/UBS Jd. Three Marys - Mauricio Zamijovsky	Nanny/UBS New Town Skunk	UBS Augusto Leopoldo A. Galvao
UBS Jd. Germania	UBS Joaquim Rosini/Vila Carioca Dr. Moacir Parra		CRPICS Erme- Lino Matarazzo	Center of Health S- Geraldo De glue Paula Souza	UBS
UBS Jd. Helga UBS Vila Arapuá - Nelson Mooroots			UBS Jd. Kerallux	UBS Jd. Edit - Geroncio Henrique Neto	UBS Jd. Icarai Brazil land - Dr Daniel A. Farmer
UBS Mitsutani Garden	Nanny/UBS Vila Oratorio- Tito Pedro Mascellani		UBS Jd. Penha UBS	Vila Ipojuca- Wanda C. From Moraes	UBS New Hope Paulistano II
UBS Jd. Valqui- Amb Espec Mooca- Italo			UBS Pedro De Souza Campos	UBS Vila Jaguará	Amb Espec Sm Perus Living House



laugh (Until/ J Marcelo)	D. Le Vocci				
UBS Pq. Regina-Perina Alves Teixeira	Caps Ad II Mooca		UBS Vila Cis-per	UBS Vila Roman	UBS Morro Doce
UBS Jardim Orion/ Guanhembu	Cecco Mo-hollow		CRPICS Guaianoses		UBS Vila Caiuba
UBS Sergio Chaddad	UBS Vila Formosa		UBS Guaianases II		Ama/UBS Anhanwar
Caps Ad III Jd. Saint Louis	UBS Maringá - Vila Talarico		UBS Guaianazes		Nanny/UBS Elisio Teixeira Leite
Adult Caps III St. Louis Garden	UBS Padre Jose De Ancheetah		UBS Jardim Etelvina		Caps Adult III Pirituba Jaraguá
Adult Caps III M Young Ox	UBS Vila Hope-Cassio B. Filho		UBS Jd. Bandeirantes		UBS City Jaraguá
UBS Chácara Santana	UBS Vila Granada-Alfredo F. Paulino Son		UBS Jd. Fanganillo		UBS Rincao Garden
UBS Jd. Coimbra	Nanny/UBS Vila Clara		UBS Jd. Robru-Guaianazes		UBS Sem Terra (Pq. United Nations)
UBS Jd. Thomas Center	Reference Of Chronic Pain unique		UBS Vila Chabilandia		UBS Union of Villages From Taipas
Nanny/UBS Jardim Miriam - Manoel S. De Oliveira	CRPICS Forest of Health		UBS Jd. Nelia		UBS Vila Pirituba
UBS Jd. Airport-Massaki Udiara	UBS Santa Cross		UBS Vila Curuca		Nir Jaçanã
UBS Mar Paulista	UBS Vila Canaan		Nanny/UBS Vila Carmosina		UBS Jaçanã

UBS Sao Jorge - Ademar City	Adult Caps III Pemba Toad		UBS Gleba Do Peach		UBS Pq. Edu Chaves
UBS Vila Cons- V. Octavio Guida	UBS Iguaçu		UBS José Bo- nifacio II - Ce- lina MJ From Oliveira		UBS Vila Albertina Dr. Osvaldo Marcal
	UBS Teotonio Vilela		Nanny/UBS Jd. From the orange trees		UBS Vila Nova Gal- they go
	UBS Vila Emma – Dr. Fuad Kassab		CRPICS are Matthew		UBS Carandiru
			UBS Jd. Nine From July		UBS Park New World II

Source: Municipal Health Department (2024).

According to Brazil (2025), for the performance of some therapies, such as acupuncture and herbal medicine, Referral to specialist services may be necessary depending on individual needs. It is necessary to contact the individual's UBS healthcare team to obtain questions and obtain guidance on the available PICS. For group therapies such as circle dance, qi qong, etc. there is no need for a referral.

According to Richter and Júnior (2024), PICS are not restricted to a specific location on the network municipal health departments. Because they have health as their central focus, they are included in all health actions and work in an integrated manner with various professional categories and technical and assistance areas of the SMS-SP.

According to Neves and Martinelli (2024), the implementation of Aromatherapy in São Paulo began in 2005 at the Geraldo de Paula Souza School Health Center, linked to the Regional Coordination Health Center West. Over time, the practice expanded to other health units in the region and, later, it was incorporated into the services of the other Regional Health Coordinators of the SMS-SP. Thus, Aromatherapy in the city of São Paulo was implemented even before it was officially recognized at national level as one of the PICS by the Ministry of Health.

According to Borges et. al (2023), the essential materials for providing care in aromatherapy include the following mandatory items: essential oils (never essences); cotton and olfactory strips. It is also recommended to have some materials available to assist in

clarification of doubts, such as vegetable oils (coconut oil, grape seed oil, sweet almonds), a filter-free ultrasonic diffuser and a foot bath basin.

FINAL CONSIDERATIONS

The adoption of Integrative and Complementary Practices in Brazil was formalized by the SUS through the PNPIC in 2006. In recent years, these approaches have emerged as an option alternative and additional to conventional medicine, as they have great potential to increase access and improve the quality of health services. This enables a more comprehensive and inclusive in care, offering alternatives that can be adapted to the needs specific to each user. Furthermore, by including methods that may be considered less traditional, the number of available options expands, making care more variable and accessible.

In this context, aromatherapy has been used as a complement to treatments conventional. The research carried out revealed, through data provided by the Municipal Secretariat of Health of São Paulo, that in the years 2023 and 2024 more than 28 thousand sessions took place, evidencing that this therapy is being widely used.

The frequency of use of aromatherapy will vary depending on the clinical case, without a fixed standardization, being determined by the professional's evaluation and conduct. And with regard to the challenges of carrying out aromatherapy in UBS include inadequate registration of oils essential at ANVISA and the difficulty of acquiring quality products in the SUS, since bids prioritize the lowest price.

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